

APPLICATION FOR PAWNBROKER'S LICENSE

FEE: \$25.00 License Fee & \$25.00 Occupation Tax

RETURN TO:

City Clerk's Office
555 S. 10th St.
Lincoln, NE 68508

LMC Chapter 5.34

Required \$5,000 Surety Bond

Please PRINT using blue or black ink only.

BUSINESS INFORMATION					
NAME:					
STREETADDRESS:					
ZIP:		PHONE #:		FAX #:	

APPLICANT'S INFORMATION					
NAME:					
HOME ADDRESS:					
CITY:		STATE:		ZIP:	
HOME PHONE #:		D.O.B.:		SSN:	- -

OWNER'S INFORMATION					
NAME:					
HOME ADDRESS:					
CITY:		STATE:		ZIP:	
HOME PHONE #:		D.O.B.:		SSN:	- -

PLEASE ANSWER THE FOLLOWING QUESTIONS AS FULLY AS POSSIBLE:

- 1) Nature of Business? _____
- 2) Will business be conducted inside, outside, or partly inside & partly outside of building? _____
Explain: _____

- 3) Is this an existing business or is this an application for a new establishment? _____

- 4) Describe plan of Operation: _____

- 5) Exact location/address where the business is to be conducted: _____

- 6) Exact location/address where goods, wares, & merchandise are to be stored: _____

- 7) Has any applicant, or if a corporation, any Officers & Shareholders been convicted of a felony:
 YES _____ NO _____
 If yes, list names of person & where it occurred & explain: _____

ARE THE FOLLOWING ATTACHED?

YES _____ NO _____ If applicant is a corporation, a copy of the Articles of Incorporation and the names, address, & DOB's of the Officers & Shareholders.

YES _____ NO _____ \$5,000 Surety Bond

YES _____ NO _____ \$50.00 License Fee & Occupation Tax

PLEASE NOTE: These requirements must be met by Applicant prior to the permit being issued.

DATED THIS _____ DAY OF _____, _____.

Signature of Applicant

Legal Capacity

Applications are available on the City's web site at "www.ci.lincoln.ne.us".

REFERRALS

FIRE PREVENTION BUREAU:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

POLICE DEPARTMENT - LeAnn Hamner:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

POLICE DEPARTMENT - Sgt. Richard Kohles:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

CODES ADMINISTRATION:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____
